

<b>Case Number:</b>	CM15-0107478		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	06/23/1997
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male who sustained an industrial injury on 06/23/97. Initial complaints and diagnoses are not available. Treatments to date include medications, nerve blocks, Unna boot, supportive orthotic devices, iontophoresis, and a cam walker. Diagnostic studies are not addressed. Current complaints include chronic aching and burning pain. Current diagnoses include plantar fasciitis, severe neuropathy, and collapsing subtalar joint. In a progress note dated 03/18/15 the treating provider reports the plan of care as H wave to reduce swelling and a nerve block injection of lidocaine performed on the date of service to decrease pain. The requested treatments include H wave, and a nerve block injection of lidocaine and alcohol.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One (1) in office H-wave treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The patient presents with chronic aching and burning pain. The current request is for one in office H-wave treatment. The treating physician states, in a report dated 03/18/15, "H-wave to reduce swelling." (65B) The MTUS guidelines state, "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." In this case, the treating physician performed the HWT in-office as an isolated intervention, which is not recommended but the MTUS guidelines. There is no diagnosis of either diabetic neuropathic pain or chronic soft tissue inflammation. There is no documentation provided which shows functional restoration, failure of conservative treatments, or prior use of TENS. As there is nothing documented which would support HWT, the current request is not medically necessary.

**One (1) nerve block injection Lidocaine and alcohol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic) Intravenous regional sympathetic blocks (for RSD/CRPS).

**Decision rationale:** The patient presents with chronic aching and burning pain. The current request is for one nerve block injection Lidocaine and alcohol. The treating physician states, in a report dated 03/18/15, "administered a nerve block injection of Lidocaine and alcohol to decrease pain." The MTUS guidelines are silent on nerve block injections. The ODG guidelines state, "Not recommended due to lack of evidence for use. There is no role for IV diagnostic blocks with phentolamine or IVRA with guanethidine. Other procedures include IV regional blocks with lidocaine, lidocaine-methyl-prednisolone, droperidol, ketanserin, atropine, bretylium, clonidine, and reserpine. If used, there must be evidence that the Budapest criteria have been met and all other diagnoses have been ruled out. Evidence of sympathetically mediated pain should be provided. The reason for the necessity of this procedure over-and-above a standard sympathetic block should also be provided. (Perez, 2010) (Harden, 2013) (Tran, 2010)." In this case, the treating physician, in the documents available for review, failed to document any of the criteria outlined in the ODG guidelines. The current request is not medically necessary.